ATEMANT OF DEPICIENCIES ON PROVIDER OR SUPPLIER WAS OF PROVIDER OR SUPPLIER WAS OF PROVIDER OR SUPPLIER WE CARE CENTER OF CROSSVILLE SUMMARY STATEMENT OF DEPICIENCIES K 018 K 01	PNTER!	S FOR MEDICARE	& MEDICAID RVICES 4	150	入	<u>8/28/10</u>	OMB NO.	0938-0391
This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the doors protecting the corridors. The findings include: 1. Observation during the fire drill on 7/10/10 at 12:35 p.m. revealed the corridor's fire droor located mext to room 132 did not latch to the door forme. National Fire Protection Association (NFPA) 80, 15-1.2 2. Observation during the fire drill on 7/12/10 at 12:40 p.m. revealed the secured unit's living room.	ATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1'				
IFE CARE CENTER OF CROSSVILLE INAMINARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES GROSSVILLE, TN 38655 REQUIREMENT OF CROSSVILLE, TN 38655 REQUIREMENT OF CROSSVILLE, TN 38655 RECOVERS PLAN OF CROSS PLAN OF CROSSVILLE, TN 38655 RECOVERS PLAN OF CROSSVILLE, TN 38655 RECOVERS PLAN OF CROSS PLAN OF CROSSVILLE, TN 38655 RECOVERS PLAN OF CROSS PLAN OF CROSSVILLE, TN 38655 RECOVER PLAN OF CROSS PLAN OF CROSSVILLE, TN 38655 RECOVER PLAN OF CROSS PLAN OF CROSSVILLE, TN 38655 RECOVER PLAN OF CROSS PLAN OF CROSS PLAN OF CROSSVILLE, TN 38655 RECOVER PLAN OF CROSS PLAN			445 167	B. WII	NG_		07/1	2/2010
ROULD REGULATORY OR USE IDENTIFYING INFORMATION REGULATORY OR USE INFORMATION REGULATORY What corrective action will be Accompliancy for the Accomp			SSVILLE		8	O JUSTICE ST		
Doors proteoting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 134 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.35 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the doors protecting the corridors. The findings include: 1. Observation during the fire drill on 7/10/10 at 12:35 p.m. revealed the corridor's fire door located next to room 132 did not leach to the door frame. National Fire Protection Association (NFPA) 80, 15-1.2 2. Observation during the fire drill on 7/12/10 at 12:40 p.m. revealed the secured unit's living room	PREFIX	ZEACH DESIGIENCY	/ MIIST RE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
This STANDARD is not met as evidenced by: Based on observations it was determined the facility falled to maintain the doors protecting the corridors. The findings include: 1. Observation during the fire drill on 7/10/10 at 12:35 p.m. revealed the corridor's fire door located next to room 132 did not tatch to the door frame. National Fire Protection Association (NFPA) 80, 15-1.2 2. Observation during the fire drill on 7/12/10 at 12:40 p.m. revealed the secured unit's living room Having the potential to be affected by the same deficient practice? The Director of Maintenance and Maintenance Assistant reviewed facility Corridor and egress doors on 7/28/10 and all doors latch to door frames as required. 7/28/ The Director of Maintenance and Maintenance and Maintenance Assistant reviewed facility Corridor and egress doors on 7/28/10 and all doors latch to door frames as required. 7/28/ The Director of Maintenance and Maintenance and Maintenance Assistant reviewed facility Corridor and egress doors on 7/28/10 and all doors latch to door frames as required. 7/28/ The Director of Maintenance and Maintenance and Maintenance Assistant reviewed facility Corridor and egress doors on 7/28/10 and all doors latch to door frames as required. 7/28/ 7/28/ The Director of Maintenance and Maintenance and Maintenance Assistant reviewed facility Corridors and all doors latch to door frames as required. 7/28/ 7/28/ 7/28/ 7/28/ The Director of Maintenance and Maintenance and Maintenance Assistant reviewed facility Corridors and all doors latch to door frames as required. 7/28/ 7/28/ 7/28/ 7/28/ The Director of Maintenance Assistant reviewed facility Corridors and all doors latch to door frames as required.	\$\$=F	Doors protecting corequired enclosures nazardous areas ar those constructed owood, or capable of minutes. Doors in trequired to resist the impediment to the provided with a the door closed. Doars permitted.	orridor openings in other than sof vertical openings, exits, or resubstantial doors, such as of 1% inch solid-bonded core fresisting fire for at least 20 sprinklered buildings are only repassage of smoke. There is ne closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6.3.	K	018	What corrective action will be Accomplished for those residents found to have been affected By the deficient practice? It is the practice of this facility to That all corridor doors close and I Designed to maintain compliance Times to include: The Director of Maintenance and adjusted the fire door next to room to properly latch on 7/23/10. The latches to the door frame. The Director of Maintenance and Maintenance Assistant adjusted the Secured unit living room door to Eliminate sticking to the door frame on 7/26/10. The door no longer st	assure atch as at all n 132 door now ne	7/23/10 7/26/10
ORATORY RIDECTOR'S OF RECAMBER SUPPLIER REPRESENTATIVES SIGNATURE		Based on observation facility failed to main corridors. The findings include to Deservation during the facility failed to main the findings include the facility of the facil	ons it was determined the ntain the doors protecting the sign the fire drill on 7/10/10 at a the corridor's fire door and 132 did not latch to the door a Protection Association and the fire drill on 7/12/10 at the secured unit's living room			Having the potential to be affected the same deficient practice? The Director of Maintenance and Maintenance Assistant reviewed if Corridor and agrees doors on 7/28 and all doors latch to door frames	d by facility 5/10	7/28/10
Frenchive Divertor 7/2	ORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	•		e edos	(X8) DATE 7/29//

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that deficiency statement ending with an asterisk (*) denotes a deficiency which the institutions.) Except for nursing homes, the findings stated above are disclosable 20 days are safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the above findings and plans of correction are disclosable 14 wing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 s following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.

IM CMS-2567(02-99) Previous Versions Obsolete

Event (D:ES3K21

Facility ID: TN1801

If continuation sheet Page 1 of 8

EPARI	MENT OF HEALT	HAND HUMAN CRVICES & MEDICAID (VICES				OMB NO.	
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		445167	B. WING	3 <u></u>		07/12	12010
	ROVIDER OR SUPPLIER		:	80 .	ET ADDRESS, CITY, STATE, ZIP CODE JUSTICE ST		
FE CAI	RE CENTER OF CRO	SSVILLE	<u>,.</u>	CR	OSSVILLE, TN 38555 PROVIDER'S PLAN OF CORRECT	PTION	(36)
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K 022 SS≂F	Administrator and Maintenance at the NFPA 101 LIFE S. Access to exits is visible signs in all	re acknowledged by the verified by the Director Of e exit interview on 7/12/10. AFETY CODE STANDARD marked by approved, readily cases where the exit or way to edily apparent to the 1.1.4	KΟ	22	The Director of Maintenance will Facility corridor and agress doors Per this facilities Preventative Ma Program to ensure functionality an Compliance and present the audit to the QA Committee. Any fire do to be non compliant will be correct How will the corrective action be Accomplished for those residents found to have been affected by Deficient practice?	monthly intenance nd code findings oors found	7/28/10
	Based on observation facility failed to powing. The findings included the findings incl	e secure wing on 7/12/10 at ed there were no illuminated above the corridor doors next to 6. National Fire Protection A) 101, 7.10.1.2			The Director of Maintenance will The findings of the Door Audit an Preventative Maintenance Logs to the Quality Assurance Committee Committee Monthly for three con The Quality Assurance Committee The Executive Director, Director Medical Director, Pharmacist, Bu Manager, Staff Development Coo Director of Medical Records, Director Maintenance, Director of Social S Director of Admissions, Director Maintenance, Director of Activities, D Pood and Nutrition Services, and Of Marketing; and the Safety Con Consisting of a C.N.A. Activity A Business Office Associate, Execut Maintenance Director, Dietary As RN Staff Development Coordinate Director of Nursing will review th Make recommendations and devel	and Safety secutive month e consisting of of Nursing, siness Office relinator, cof ervices, of Rehab bractor of Director nmittee ssistant, tive Director, speciate, or, and e findings and lop	
	This finding was a Administrator and	ecknowledged by the verified by the Director Of			Plans of action if any areas are no Be non-compliant.	ted to	7/28/10

K 025

Maintenance at the exit interview on 7/12/10.
NFPA 101 LIFE SAFETY CODE STANDARD

K 025

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ÆN.	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SI COMPLE	
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D IX	/EACH BESIDIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIT TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ŲĻD BE	(XS) COMPLETION DATE
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22 =F	Access to exits is m	FETY CODE STANDARD parked by approved, readily asses where the exit or way to dily apparent to the 1.4	N G		What corrective action will be Accomplished for those residents found to have been affected. By the deficient practice? It is the practice of this facility to That all exit doors maintain proper to maintain compliance at all time include: The Director of Maintenance posts. An illuminated exit sign above the Doors next to rooms 100 and 106 or	assure r signage s to ed	
	Rased on observation	not met as evidenced by: ons it was determined the 2 exit signs in the secured		2)	8/2/10. How will you identify other resides Having the potential to be affected the same deficient practice? The Director of Maintenance and Maintenance Assistant reviewed sin	by	8/2/ 10

The findings include:

Observation of the secure wing on 7/12/10 at 11:35 a.m. revealed there were no illuminated

This finding was acknowledged by the Administrator and verified by the Director Of Maintenance at the exit interview on 7/12/10.

25 NFPA 101 LIFE SAFETY CODE STANDARD

Association (NFPA) 101, 7, 10.1.2

exit signs posted above the corridor doors next to rooms 100 and 106. National Fire Protection

K 025

as required.

7/28/10

Openings for the need for signage on 7/28/10, and appropriate areas have illuminated signage

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18 2 F	door was sticking to 80,15-1.2 These findings wer Administrator and v Maintenance at the NFPA 101 LIFE SA	e acknowledged by the verified by the Director Of exit interview on 7/12/10. FETY CODE STANDARD narked by approved, readily asses where the exit or way to idly apparent to the	Κū	22	What systematic changes will yo to ensure that the deficient practi not recur? The Director of Maintenance will Facility openings monthly and d In the Preventative Maintenance to ensure functionality and code present the audit findings to the Any areas found to be non comp will be corrected.	u make ce will I audit ocument finding Program logs compliance and QA Committee. Jiant	I
	Based on observation facility failed to post wing. The findings include Observation of the singled exit signs posted abortoms 100 and 106. Association (NFPA) This finding was ack Administrator and versions at the signs poster and versions poster and versions poster and versions poster and versions poster at the signs poster and versions p	ecure wing on 7/12/10 at there were no illuminated ove the corridor doors next to National Fire Protection 101, 7.10.1.2 nowledged by the prified by the Director Of exit interview on 7/12/10.	K 02	R	Deficient practice? The Director of Maintenance wi The findings of the Facility Sign Preventative Maintenance Logs the Quality Assurance Committe Committee Monthly for three co The Quality Assurance Committe Committee Monthly for three co The Quality Assurance Committe Committee Monthly for three co The Quality Assurance Committe The Executive Director, Director Medical Director, Pharmacist, B Manager, Staff Development Co Director of Medical Records, Director Maintenance, Director of Social Director of Adm ssions, Director Services, Director of Activities, Food and Nutrition Services, an Of Marketing, and the Safety Co Consisting of a C.N.A. Activity Business Office Associate, Exec Maintenance Director, Dietary A RN Staff Development Coordina Director of Nursing will review to Make recommendations and dev Plans of action if any areas are in Be non-compliant.	age Audit and to to the and Safety insecutive mont ice consisting of r of Nursing, fusiness Office fordinator, rector of services, r of Rehab Director of d Director of minittee Assistant, autive Director, associate, ator, and the findings and elop	
	NFPA 101 LIFE SAF	ETY CODE STANDARD				ntinuation shee	Page 2 of A
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28 FOR MEDICAR	E & MEDICAID SERVIC					<u>) 0938-039</u>
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Administrator and v Maintenance at the NFPA 101 LIFE SAI Access to exits is m	e acknowledged by the erified by the Director Of exit interview on 7/12/10. FETY CODE STANDARD erked by approved, readily ses where the exit or way to dily apparent to the .4	KO	22			
iased on observation collity failed to post 2 ving. The findings include: The finding was acknown including was acknown includ	j.	K 028		i) What corrective action will be Accomplished for those residents found to have been affected By the deficient practice? It is the practice of this facility to as That all fire/smoke cubicles remain Within compliance at all times to in A Contract Vendor repaired the pen In the 2 smoke barriers located in the Above room 116 and the D Corrido On 8/2/10.	clude: etrations e attic	8/2/10

FORM APPROVED 147 23

----------LIBE OHRE PARTMENT OF HEALTH AND HUMAN S' VICES OMB NO. 0938-0391 NTERS FOR MEDICARE & MEDICAID SE (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA EMENT OF DEFICIENCIES COMPLETED LAN OF CORRECTION IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A. BUILDING B. WING. 07/12/2010 445157 STREET ADDRESS, CITY, STATE, ZIP CODE : OF PROVIDER OR SUPPLIER 80 JUSTICE ST E CARE CENTER OF CROSSVILLE CROSSVILLE, TN 38555 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE) ID PREFIX TAG ۱G DEFICIENCY) K 025 2) How will you identify other residents 025 Continued From page 2 Having the potential to be affected by S=F the same deficient practice? Smoke barriers are constructed to provide at least a one half hour fire resistance rating in The Director of Maintenance and accordance with 8.3. Smoke barriers may Maintenance Assistant reviewed facility terminate at an atrium wall. Windows are Smoke barriers on 7/28/10 and all 7/28/10 protected by fire-rated glazing or by wired glass Are compliant. panels and steel frames. A minimum of two What measures will be put into place or separate compartments are provided on each What systematic changes will you make floor. Dampers are not required in duct to ensure that the deficient practice will penetrations of smoke barriers in fully duoted not recur? heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 The Director of Maintenance will audit Smoke barriers for penetrations monthly Per this facilities Preventative Maintenance Program to ensure functionality and code Compliance and present the audit findings to the QA Committee. Any smoke barriers found This STANDARD is not met as evidenced by: 7/28/10 to be non compliant will be corrected. Based on observations it was determined the facility failed to maintain 2 of the 2 smoke barriers located in the attic. The findings include: Observation on 7/12/10 at 10:00 a.m. revealed penetrations in the 2 smoke barriers located the attic above room 116 and the D corridor. National Fire Protection Association (NFPA) 101, 8.2.4.4.2

This finding was acknowledged by the Administrator and verified by the Director Of Maintenance at the exit interview on 7/12/10. NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily accessible at all times in accordance with section 19.2.1 7.1.

K 038

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:PART	MENT OF HEALTH	I AND HUMAN . VICES			Prop. of		OMB NO.	
CEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SVICES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) N A. BU			CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPLET	RVEY *ED
		445167	B. WI	NG _			07/12	/2010
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K 025 \$S=F	least a one half hor accordance with 8. terminate at an atmospheric panels and steel for separate compartments are penetrations of sm heating, ventilating 19.3.7.3, 19.3.7.5, This STANDARD Based on observational facility failed to mail located in the attic. The findings included to the findings included to the attic. The findings included the findings included the finding was an administrator and Maintenance at the NFPA 101 LIFE Secretary is arranged.	e constructed to provide at ur fire resistance rating in 3. Smoke barriers may imm wall. Windows are sted glazing or by wired glass ames. A minimum of two nents are provided on each not required in duct oke barriers in fully ducted and air conditioning systems. 19.1.6.3, 19.1.6.4		025	4)	How will the corrective action be Accomplished for those residents found to have been affected by Deficient practice? The Director of Maintenance will The findings of the Smoke Barrier Audit to the Quality Assurance Committee Monthly for three const The Quality Assurance Committee Monthly for three const The Quality Assurance Committee The Executive Director, Director of Medical Director, Pharmacist, flus Manager, Staff Development Coordination of Medical Records, Director of Medical Records, Director of Maintenance, Director of Social St Director of Admissions, Director of Services, Director of Activities, Director of Admissions, Director of Services, Director of Activities, Director, Director, Dietary Assurance Director, Dietary Assurance Director, Dietary Assurance Director, Dietary Assurance Consisting of a C.N.A. Activity Assurance Director, Dietary Assurance Consisting of a C.N.A. Activity Assurance Director, Dietary Assurance Commitmentations and development Coordinato Director of Nursing will review the Make recommendations and development coordinato Director of Section if any areas are noted to the property of the	Penetration ministee and S secutive month consisting of of Nursing, siness Office dinator, ctor of of ervices, of Rehab prector of Director mittee ssistant, ive Director, ociate, r, and efindings and op	
		Eurof ID: E53K2		F	aclitty	ID: TN1801 If Co	ontinuation she	et Page 3 of

alarm system.

This STANDARD is not met as evidenced by: Based on observation and testing, it was determined the facility failed to maintain the fire 7/28/10

Per this facilities Preventative Maintenance Program to ensure the doors open toward The direction of travel (egress access) And present the audit findings to the QA Committee. Any doors found

to be non compliant will be corrected.

	RS FOR MEDICARE				_	<u>.</u>		0938-0391
TEMEN"	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU			CONSTRUCTION D1 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
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	Based on observat	is not met as evidenced by: ion and testing, it was ility failed to maintain the fire						

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PLANC	F CORRECTION .	IDENTIFICATION NOMBER	A. BUILDIN		IN BUILDING 61	07/4	2/2010
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(052	Continued From pa	ge 4	K 052	K 052			
K 062 SS≃F	panel located in the 11:50 a.m. reveale #2 were disconned no visual/audible tr nurses' station. Int Maintenance on 7/ that main fire alam the staff during the shall be located in heard. National Fil (NFPA) 72, 1-5.4.6 This finding was at Administrator and Maintenance at the NFPA 101 LIFE SAR Required automatic continuously maintenance at the condition and are in periodically. 19.7 This STANDARD Resed on observal.	sting of the main fire alarm e main lobby on 7/12/10 at d that when phone lines #1 or ted from the panel. There were ouble signals at one of the two erview with the Director Of 12/10 at 11:55 a.m. revealed in panel was not monitored by night. The trouble signal(s) an area where it is likely to be the Protection Association	K 062	Accomplished to By the d It is the That fire And mai And 72 to include By facil 2) How will Having the same The Dir Mainter Trouble and all hear as 3) What make to ensure the Director Trouble and the same The Director Trouble and the same that	act Vendor installed a value of the potential to be affer the potential to be affer to deficient practice? The potential to be affer to deficient practice will be put into systematic changes will be put into systematic changes will be that the deficient practice that the deficient practice of Maintenance de alarms monthly a facilities Preventative to the and present the	to assure alled, tested with NFPA 70 at all times visual/audible 24/7 sidents cted by and ed facility taff to o place or you make ctice will will audit Maintenance sual/audible for udit findings ouble alarms	7/28/10
	The findings included the entrance porch	le: 7/12/10 at 9:50 a.m. revealed sprinklers (4) were corroded.		found	to be non compliant wi	ii be corrected.	7/28/10

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TATEMENT	RS FOR MEDICARE TOP DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SI COMPLE	
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	ROVIDER OR SUPPLIER	SSVILLE	1	REET ADDRESS, CITY, STATE, ZIP CO BD JUSTICE ST CROSSVILLE, TN 38555	DDE	
(X4) ID PREFIX TAG	プロスクレ うせぎのにはだり	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	: SHOULD BE	(X5) COMPLETICE DATE
K 052 K 062 SS=F	panel located in the 11:50 a.m. revealer #2 were disconnect no visual/audible tr nurses' station. Int Maintenance on 7/ that main fire alarm the staff during the shall be located in a heard. National Fir (NFPA) 72, 1-5.4.6 This finding was ac Administrator and visual Maintenance at the NFPA 101 LIFE SA Required automatic continuously maintenance at the periodically. 19.7 25, 9.7.5 This STANDARD is Based on observation determined the facing sprinkler system. The findings include 1. Observation on 7 the entrance porch	esting of the main fire alarm a main lobby on 7/12/10 at different the panel. There were ouble signals at one of the two erview with the Director Of 12/10 at 11:55 a.m. revealed a panel was not monitored by night. The trouble signal(s) an area where it is likely to be reflied by the Director Of exit interview on 7/12/10. SERNOWLEDGE STANDARD a sprinkler systems are alined in reliable operating aspected and tested 16, 4.6.12, NFPA 13, NFPA is not met as evidenced by: ions and records review, it was ality falled to maintain the	K 052	The Director of Maintenance The findings of the Trouble A Preventative Maintenance Comm Committee Monthly for three The Quality Assurance Comm Committee Monthly for three The Quality Assurance Comm The Executive Director, Direct Medical Director, Pharmacist, Manager, Staff Development Director of Medical Records, Environmental Services, Direct Maintenance, Director of Soci- Director of Admissions, Direct Services, Director of Activities Food and Nutrition Services, a Of Marketing, and the Safety C	will present darm Audit and sto ittee and Safety consecutive month ittee consisting of tor of Nursing, Business Office Coordinator, Director of at Services, for of Rehab is, Director committee Assistant, cutive Director, Associate, ator, and the findings and velop	7/28/10

OMB NO. 0938-0391

DEPARTMENT OF HEVET HOUSE HORSE SERVICES

		& MEDI.) SERVICES			OMB NO. 0938-039
STATEMEN	RS FOR MEDICARE T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTIO. NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
,		445167	B. WING	·	07/12/2010
	PROVIDER OR SUPPLIER RE CENTER OF CRO	. SSVILLE	i	REET ADDRESS, GITY, STATE, ZIP CODE 80 JUSTICE ST	•
LIFE CA				CROSSVILLE, TN 38555 PROVIDER'S PLAN OF CORRE	CTION (X5)
(X4) ID PREFIX TAG	! JEACH DESIGNENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	LEACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OfITO BE COMPLETION
K 052	Continued From pa	ge 4	K 052		
K 062 58=F	panel located in the 11:50 a.m. revealed #2 were disconnect no visual/audible tronurses' station. Inte Maintenance on 7/1 that main fire alarm the staff during the I shall be located in a heard. National Fire (NFPA) 72, 1-5.4.6 This finding was ack Administrator and ve Maintenance at the INFPA 101 LIFE SAF	sting of the main fire alarm main lobby on 7/12/10 at I that when phone lines #1 or ed from the panel. There were buble signals at one of the two erview with the Director Of 2/10 at 11:55 a.m. revealed panel was not monitored by hight. The trouble signal(s) in area where it is likely to be e Protection Association chowledged by the erified by the Director Of exit interview on 7/12/10. FETY CODE STANDARD sprinkler systems are	K 062		
	continuously maintal condition and are ins periodically. 19.7.6 25, 9.7.5 This STANDARD is Based on observation	ined in reliable operating spected and tested 8, 4.6.12, NFPA 13, NFPA not met as evidenced by: and records review, it was		1) What corrective action will be Accomplished for those residents found to have been affected By the deficient practice? It is the practice of this facility to That the sprinkler system is maint And inspected to ensure complian All times to include:	assure . ained acc at
	determined the facility sprinkler system. The findings include:	ty falled to maintain the		A Contract Vendor replaced the c Sprinkler heads (4) on the entrance On 8/2/10. The Director Maintenance and Management of the Contract of Maintenance and Management of the Contract of the	8/2/10
·	the entrance porch s	12/10 at 9:50 a.m. revealed prinklers (4) were corroded. be replaced not cleaned.		On the sprinklers in the attic above B and D corridors on 7/23/10.	

TEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID RVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE S COMPLE	
	•	445167	B. WIN	1Ç _			07/1	2/2010
FE CAI	Continued From pa National Fire Protect 2-2.1 2. Observation on 7 the sprinklers locate B and D corridors he the sprinklers. NFF	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION) ge 5 ction Association (NFPA) 25, 7/12/10 at 10:05 a.m. revealed ed in the attic above the West ad lint and blow insolation on PA 25, 2-2.1.1	ID PREFI TAG	ix	SO JU CRO	ADDRESS, CITY, STATE. ZIP CODE ISTICE ST SSVILLE, TN 38555 FROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY) A Contract Vendor replaced the Sprinkler heads in the exit cano In the Memory care unit, A com And next to room 162 on 8/2/10 The Director of Maintenance m Sprinkler deflector parallel to th In the corridor next to room 138 A Contract Vendor/Licensed Co	corroded pies located idor (West), i	(X5) COMPLETION DATE 8/2/10
< 067 SS≂F	corroded sprinklers the Memory care up to room 162 NFPA 4. Observation of the corridor next to room p.m. revealed the sparallel to the celling Records review on the facility was unable that the sprinkler sy or tested every 5 ye. These findings were Administrator and very Maintenance at the NFPA 101 LIFE SAI Heating, ventilating, with the provisions of in accordance with 1	e sprinkler located in the m 138 on 7/12/10 at 12:26 prinkler's deflector was not g. NFPA 13, 5.5.4.2 7/1210 at 1:15 p.m. revealed ble to provide documentation stem's gages were replaced ars. NFPA 25, 2-2.1 acknowledged by the erified by the Director Of exit interview on 7/12/10. FETY CODE STANDARD and air conditioning comply of section 9.2 and are installed	ΚO	67	2)	Tested the facility sprinkler syst As required every 5 years on 7/2 How will you identify other resi Having the potential to be affect the same deficient practice? The Director of Maintenance and Maintenance Assistant reviewed Sprinkler heads on 7/23/10 and a Lint free, insulation free, corrosi And have been inspected by a Li Contract as required. What measures will be put into p What systematic changes will yo to ensure that the deficient praction of recur? The Director of Maintenance will facility sprinkler heads monthly Per this facilities Preventative Ma Program to ensure functionality a Compliance and present the audit to the QA Committee. Any fire do to be non compliant will be corrected.	el/10. dents ed by facility facility flere on free censed lace or a make ase will andit intenance nd code findings bors found	7/21/10 7/23/10
	This STANDARD is	not met as evidenced by:						

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		TANKE TANKE			<u></u>	OMB NO.	0 <u>938-0391</u>
ATEMENT	RS FOR MEDICARE OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILD		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SU COMPLET	RVEY TED
		445167	B. WING	-		07/12	2/2010
	ROVIDER OR SUPPLIER		2	80	EET ADDRESS, CITY, STATE, ZIP CO JUSTICE ST ROSSVILLE, TN 38555	⊋DE	
IFE CAI			<u></u>	GF	PROVIDER'S PLAN OF CO	RRECTION	(X5) COMPLETION
(X4) ID PREFIX TAG	マティウム うきだいにいか	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	M SHONTD RF (COMPLETION DATE
K 052	2-2.1 2. Observation on the sprinklers locat B and D corridors if the sprinklers. NFI 3. Observation on corroded sprinklers the Memory care us to room 162 NFPA 4. Observation of the corridor next to roop m. revealed the sparallel to the ceiling Records review on the facility was unathat the sprinkler syor tested every 5 years. These findings were Administrator and valuation and the NFPA 101 LIFE SA Heating, ventilating with the provisions in accordance with	ction Association (NFPA) 25, 7/12/10 at 10:05 a.m. revealed ed in the attic above the West had lint and blow insolation on PA 25, 2-2.1.1 7/12/10 at 10:27 a.m. revealed in the exit canopies located in nit, A comidor (West), and next a 25, 2-2.1.1 The sprinkler located in the m 138 on 7/12/10 at 12:26 aprinkler's deflector was not g. NFPA 13, 5.5.4.2 7/1210 at 1:15 p.m. revealed ble to provide documentation astem's gages were replaced ears. NFPA 25, 2-2.1 The acknowledged by the rerified by the Director Of exit interview on 7/12/10. THETY CODE STANDARD The and air conditioning comply of section 9.2 and are installed	K 06		4) How will the corrective activaceomplished for those resifound to have been affected Deficient practice? The Director of Maintenance The findings of the Sprinkle Preventative Maintenance Lethe Quality Assurance Commodities Monthly for three The Quality Assurance Commodities Director, Pharmacis Manager, Staff Development Director of Medical Records Environmental Services, Director of Admissions, Director of Medical Records Food and Nutrition Services, Of Merketing; and the Safety Consisting of a C.N.A, Activation Business Office Associate, Emaintenance Director, Dieta RN Staff Development Coor Director of Nursing will revi Make recommendations and Plans of action if any areas a Be non-compliant.	dents by will present r Head Audit and ogs to nittee and Safety e consecutive monti mittee consisting of ector of Nursing, it, Business Office t Coordinator, i, Director of ector of ector of cial Services, ector of Rehab ies, Director of Committee ity Associate, dinator, and ew the findings and develop	
	This STANDARD	s not met as evidenced by:					

	RS FOR MEDICARE	& MEDICAID TRVICES	/ym s	111 T	IPLE CONSTRUCTION	(X3) DATE S	<u>URVEY</u>
TEMENT OF DEFICIENCIES (X1) PROVIDER/S. PLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING 01 - MAIN BUILDING 01		COMPLETED			
	-	445167	B. WI			07/1	<u>2/2010</u>
	ROVIDER OR SUPPLIER	SSVILLE			REET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST CROSSVILLE, TN 38555		
X4) ID REFIX TAG	SUMMARY ST	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
K 062	National Fire Prote 2-2.1 2. Observation on the sprinklers local B and D corridors I the sprinklers. NFI 3. Observation on corroded sprinklers the Memory care u to room 162 NFPA 4. Observation of the corridor next to roop p.m. revealed the sparallel to the ceiling Records review on the facility was una that the sprinkler sportested every 5 years. These findings were Administrator and Maintenance at the NFPA 101 LIFE SA	r/12/10 at 10:05 a.m. revealed ed in the attic above the West had iint and blow insolation on PA 25, 2-2.1.1 r/12/10 at 10:27 a.m. revealed in the exit canopies located in hit, A corridor (West), and next a 25, 2-2.1.1 the sprinkler located in the m 138 on 7/12/10 at 12:26 prinkler's deflector was not g. NFPA 13, 5.5.4.2 7/1210 at 1:15 p.m. revealed ble to provide documentation extern's gages were replaced ears. NFPA 25, 2-2.1 e acknowledged by the rerified by the Director Of exit interview on 7/12/10. FETY CODE STANDARD		062	K 067		
	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2			By the deficient practice? It is the practice of this facility to That all HVAC systems comply NFPA 90A at all times to include A Contract/Licensed Vandor con	with :: npleted an		
		and mot as evidenced by			Inspection of the facilities HVAC dampers as required every four y	ears on	7/15/10

This STANDARD is not met as evidenced by:

7/15/10.

07/30/2010 09:03 9313809213 WILL CARE CHARLES IN THE 1771060 ELOSTMENT OF HEALTHARD FORMS OMB NO. 0938-0391 ENTERS FOR MEDICARE & MEDICAID (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA TEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01) PLAN OF CORRECTION A. BUILDING B. WING 07/12/2010 445167 STREET ADDRESS, CITY, STATE, ZIP CODE ME OF PROVIDER OR SUPPLIER 80 JUSTICE ST IFE CARE CENTER OF CROSSVILLE CROSSVILLE, TN 38555 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX DATE REFIX TAG DEFICIENCY) TAG How will you identify other residents K 067 2) Continued From page 6 Having the potential to be affected by K 067 the same deficient practice? Based on record review it was determined the facility failed to maintain the heating, ventilating, The Director of Maintenance ensured on and air conditioning (HVAC) fire dampers. 7/28/10 that the next 4 year HVAC fire 7/28/10 Damper inspection is scheduled to occur. The findings include: What measures will be put into place or Records review on 7/12/10 at 1:20 p.m. revealed What systematic changes will you make the facility was unable to provide documentation to ensure that the deficient practice will that the HVAC fire dampers were inspected every not recur? 4 years. NFPA 90A, 3-4.7 The Director of Maintenance maintain System inspections and services monthly This finding was acknowledged by the Per this facilities Preventative Maintenance Administrator and verified by the Director Of Program to ensure functionality and code Maintenance at the exit interview on 7/12/10. Compliance and present the audit findings K 130 NFPA 101 MISCELLANEOUS to the QA Committee. Any system issues K 130 7/28/10 or inspections due will be resolved. SS=F OTHER LSC DEFICIENCY NOT ON 2786 How will the corrective action be Accomplished for those residents found to have been affected by Deficient practice? This STANDARD is not met as evidenced by: The Director of Maintenance will present Penetrations and Miscellaneous Openings in Fire The HVAC inspection, system service records Barriers such as Pipes, conduits, bus ducts, And Preventative Maintenance Logs to cables, wires, air ducts, pneumatic tubes and the Quality Assurance Committee and Safety ducts, and similar building service equipment that Committee Monthly for three consecutive months. The Quality Assurance Committee consisting of

pass through fire barriers shall be protected as follows:

The space between the penetrating Item and the fire barrier shall meet one of the following conditions:

- a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire
- b. It shall be protected by an approved device that is designed for the specific purpose.

Based on observations it was determined the

Facility ID: TN1801

The Executive Director, Director of Nursing,

Manager, Staff Development Coordinator, Director of Medical Records, Director of

Maintenance, Director of Social Services,

Director of Admissions, Director of Rehab

Services, Director of Activities, Director of Pood and Nutrition Services, and Director

Of Marketing; and the Safety Committee

Consisting of a C.N.A. Activity Assistant, Business Office Associate, Executive Director, Maintenance Director, Dictary Associate,

Environmental Services; Director of

Medical Director, Pharmacist, Business Office

If continuation sheet Page 7 of 8

		- MARIONID C MOTO		<u> </u>	OMB NO.	<u> </u>
*NTERS FOR MEDICARE & MEDICAID S "ICES TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		445167	B. WING		07/12	2/2010
	ROVIDER OR SUPPLIER	SSVILLE		REET ADDRESS, CITY, STATE, ZIP CODE TO JUSTICE ST CROSSVILLE, TN 38555		
(4) ID REFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAĞ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	() LL	(X5) COMPLETION DATE
<u> </u>	Based on record re facility failed to mai and air conditioning The findings include	view it was determined the ntain the heating, ventilating, (HVAC) fire dampers.	K 067	RN Staff Development Coordinator, an Director of Nursing will review the find Make recommendations and develop Plans of action if any areas are noted to Be non-compliant.	lings and	7/28/10
< 130 SS=F	that the HVAC fire of years. NFPA 90% This finding was accommodate and was accommodated to the NFPA 101 MISCEL	dampers were inspected every A, 3-4.7 Knowledged by the verified by the Director Of exit interview on 7/12/10.	K 130	K 130 What corrective action will be Accomplished for those residents found to have been affected By the deficient practice?		
	Penetrations and M Barriers such as Pij cables, wires, air du ducts, and similar b	s not met as evidenced by: iscellaneous Openings in Fire pes, conduits, bus ducts, ucts, pneumatic tubes and uilding service equipment that arriers shall be protected as		It is the practice of this facility to as That all miscellancous life safety its In compliance to include: A Contract Vendor repaired the pen In the 2 smoke barriers located in th Above room 116 and the D Corrido On 8/2/10.	ems are etrations ic attic	8/2/10
	fire barrier shall me conditions: a. It shall be filled of maintaining the filled barrier. b. It shall be prote that is designed for	the penetrating item and the et one of the following with a material that is capable for resistance of the fire cted by an approved device the specific purpose.		The Director of Maintenance and Maintenance Assistant repaired the Penetrations in the ceiling around The bathroom located in room 163; Rooms 112, 136, 151, and 163; and Above the East storage room on 7/2	3/10.	7/23/10
ł	Based on observati	ons it was determined the				

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2. Observations on 7/12/10 at 10:20 a.m. revealed penetrations in the ceilings around the following sprinklers:

- Bathroom located in room 163.
- Rooms 112, 136, 151, and 153.
- East storage room.

These findings were acknowledged by the Administrator and verified by the Director Of Maintenance at the exit Interview on 7/12/10. The Director of Maintenance will audit The smoke barriers and cellings monthly For penetrations per this facilities Preventative Maintenance Program to ensure functionality and code Compliance and present the audit findings to the QA Committee. Any smoke barriers or ceilings that are found to be non compliant will be corrected.

7/28/10

ENTERS FOR MEDICARE & MEDICAID RVICES ATEMENT OF DEFICIENCIES DELAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NUMBER:	A. BUILDING 01 - MAIN BUILDING 01				
		. 445167	e, Wing		07/12	<u> </u>	
	ROVIDER OR SUPPLIER	40.01.5	s	TREET ADDRESS, CITY, STATE, ZIP CODE 80 JUSTICE ST			
fe caf	E CENTER OF CRO	SSVILLE		CROSSVILLE, TN 3B555 PROVIDER'S PLAN OF CORRE	CTION	(XS)	
X4) ID REFIX TAG	マット ひい ひこじょうげんか	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	משעטטן	COMPLETION DATE	
K 130	•	fire barriers.	K 13	How will the corrective action be Accomplished for those residents found to have been affected by Deficient practice?		-	
	facility failed to the fire barriers. The findings include: 1. Observation on 7/12/10 at 10:00 a.m. revealed penetrations in the fire barrier located in the attic above room 116 and above the D corridor. National Fire Protection Association (NFPA) 101, 8,2.3.2,4.2 2. Observations on 7/12/10 at 10:20 a.m. revealed penetrations in the cellings around the following sprinklers: 1. Bathroom located in room 163, 2. Rooms 112, 136, 151, and 153, 3. East storage room. These findings were acknowledged by the Administrator and verified by the Director Of Maintenance at the exit interview on 7/12/10.			found to have been affected by		of	